



E-News

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Thank you!

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Contact Us

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CDC Influenza Links

Updated web pages posted:

1. "GUIDELINES AND RECOMMENDATIONS: Infection Control Guidance for the Prevention and Control of Influenza in Acute-Care Facilities"
<http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm>
2. "GUIDELINES AND RECOMMENDATIONS: Infection Control Measures for Preventing and Controlling Influenza Transmission in Long-Term Care Facilities"
<http://www.cdc.gov/flu/professionals/infectioncontrol/longtermcare.htm>
3. "Question & Answers: Influenza and Influenza Vaccine Information for Healthcare Personnel"
http://www.cdc.gov/ncidod/dhqp/id_influenza_vaccine.html

Links to 1 and 2 can be found on these pages:

<http://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>
<http://www.cdc.gov/flu/whatsnew.htm#updated>

Thanks to everyone!

A big thanks you to all our users who put in the time and effort to get your 2006 data into the system by the end of January. Because of your work, we were able to get a lot of additional data which will be included in the NHSN Report. The report is scheduled for publication in the June issue of the *American Journal of Infection Control*.

Protocol Pointers

- **Body Temperature** For neonates and infants, the CDC criteria typically specify that fever is $>38^{\circ}\text{C}$ rectal and hypothermia is $<37^{\circ}\text{C}$ rectal. Since axillary or tympanic temperatures are more often done in this population, the following equivalencies can be used:

38°C Rectal/Tympanic = 37°C Oral = 36°C Axillary

37°C Rectal/Tympanic = 36°C Oral = 35°C Axillary

It is important to note that there is considerable conflicting evidence and variation among the studies that measure human temperature, but for surveillance purposes in this population, we will use the above values.

Note also that temperatures derived from “strip thermometers” measure the temperature of the skin, not the body’s core and can not be used to meet the temperature criteria for NHSN surveillance.

- **Birthweight** is a risk stratifier for events in the NICU. It refers to the weight of the infant at the time of birth and should not be changed as the infant gains weight. For example, if a neonate weighs 1006 grams at birth but remains in the NICU for two months and has a body weight of 1650 grams when it develops a VAP, the recorded birthweight should still be 1006 grams on the PNEU form/screen.
- **Multiple Procedures** In the Denominator for Procedure record, the response to the “Multiple Procedures” field should be “Yes” only if more than one type of NHSN procedure category was performed through the same incision during the same trip to the OR. For example, when a patient has both CBGC and CARD performed, a Denominator for Procedure record indicating Multiple Procedures = Yes would be entered for CBGC and for CARD. On the other hand, if a patient has more than one procedure performed that have the same NHSN procedure code, such as atrial valve and mitral valve replacement, which are both CARD, then only one Denominator for Procedure record for CARD with Multiple Procedures = No would be entered.
- **Bilateral Procedures** When two of the same procedure are done bilaterally during the same trip to the OR (e.g., KPRO on right and left knees), this is not a multiple procedure (see second example above). Rather, because two separate incisions are made to perform these procedures, each is considered unique and two separate Denominator for Procedure records would be entered.

New Improvements in Dialysis Incident Surveillance

Based on feedback from users, we have corrected some problems identified with analysis of Dialysis Incident (DI) data. From now on, when rates are calculated for DI, vascular access will only be counted once in the numerator, no

matter how many different types of vascular access are identified in the patient(s).

Another improvement was to link the two fields on the DI event screen that refer to positive blood cultures. Now, if you check "Positive Blood Culture" in the top section, the Blood Culture field will autofill with the value "Positive". This enhancement will help ensure that these incidents are consistent and counted accurately.

NHSN Statistics – February 22, 2007

Facilities reporting in NHSN	448
Monthly Reporting Plans	6,679
Patients entered	230,895
Summary Data Records	12,064
Events	
BSI	10,144
PNEU	5,519
SSI	8,849
UTI	8,394
DI	5,722
Procedures	219,287
Facilities importing OR records	31
Output (Rates, graphs, etc.) generated	37,663

NHSN Protocol Revisions

As we continue to make the NHSN application easier to navigate, we've added more information to the *NHSN Manual: Patient Safety Protocols*. The revised version of the Manual will be available on the NHSN website in about a week and, as always, changes and additions are highlighted in yellow to make them easier to find. We've also listed the changes below:

Page	Revision/Change
5	NOTE: added to CLABSI definition
9	NOTE: added to VAP definition
11	ALTERNATE CRITERIA, for child >1 year old [added or ≤ 12 years old] ,
20	NOTE: added to CAUTI definition
31	Additional instructions for collection of Procedure-associated data
36	LCBI Pathway – language changed to reflect criteria
40	Table 4. "Location" field – 7 days changed to 48 hours . This was previously corrected in the protocol but missed in the table.
51	ICD 9-CM code 38.64 added to AAA ICD-9-CM code 37.34 removed from CARD (percutaneous approach)
63	KPRO types changed to reflect modified codes. TP changed to T and TR changed to R
66	Key terms added: CLABSI and CAUTI

67	NOTE: added to Device-associated infection Key term added: Died
68	Key term added: Infusion Key term added: Event contributed to death
69	Key term added: NHSN patient days
71	Key term added: VAP

We understand that it's a long document, but we recommend that you print it and replace the previous manual with it. We'll try to keep revisions down to every 4-6 months.

